PTQ/SB/21 (09-04) Approved for use through 97/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/709.206 Filing Date TRANSMITTAL April 21, 2004 CENTRALIPAX CENTER First Named Inventor **FORM** Charles Cook Art Unit AUG 0 8 2006 3726 Examiner Name Jermie E. Cozart (to be used for all carrespondence after initial filing) **Attorney Docket Number** GSTS 0102 PA Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Drawing(s) Fee Transmittal Form Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC \checkmark Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information **Provisional Application** After Final Power of Attorney, Revocation **Status Letter** Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer below): Extension of Time Request Disclosure Statement Request for Refund **Express Abandonment Request** CD, Number of CD(s) ____ Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Artz & Artz, P.C. Signature Printed name Steven W. Hays Reg. No. Date 41,823 August 8, 2006 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450. Alexandria, VA 22313-1450 on the date shown below: Signature

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/709,206 **FEE TRANSMITTAL** Filing Date April 21, 2004 For FY 2006 Charles Cook First Named Inventor CENTHAL FAX GENTER Jermie E. Cozart **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3726 TOTAL AMOUNT OF PAYMENT (\$) **GSTS 0102 PA** 180.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card None Other (please identify): Money Order Deposit Account Name: John A. Artz, P.C. ✓ Deposit Account Deposit Account Number: 50-0476 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee ✓ Charge fee(s) Indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES SEARCH FEES** Small Entity **Small Entity** Small Entity Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 200 100 300 150 500 250 Utility 130 200 50 100 65 Design 100 300 160 200 100 80 150 Plant 500 250 600 300 300 Reissue 150 200 100 0 0 0 0 **Provisional** Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee <u>(\$)</u> Fee Description 50 25 Each claim over 20 (including Reissues) 100 200 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) **Total Claims** Extra Claims Fee (\$) Fee (\$) Fee Paid (\$) - 20 of HP = HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims - 3 or HP = HP = highest number of independent claims paid for, If greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Pald (\$) Fee (\$) Total Sheets Extra Sheets - 100 = 150 = (round up to a whole number) X 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (c.g., late filing surcharge): IDS Fee \$180.00

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Signature	tun 111	Registration No. 41,823	Telephone 248-223-9500
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